

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-001480

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 263

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>21 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>816 E. 33rd Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>816 E. 33rd Street</b>
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>B.</b> Last <b>Callison</b>		4. DATE OF DEATH Month <b>January</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/16/1879</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher, retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>meat market</b>	11. BIRTHPLACE (City and state or country) <b>Greenfield, Iowa</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James C. Callison</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Jane Hull</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie M. Callison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO. <b>XXXX</b>	
17. INFORMANT <b>64A Zola Pearl Kimball, Raytown, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PROSTATIC CARCINOMA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CHRONIC MYOCARDITIS</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from <b>Jan 12 1963</b> to <b>Jan 15 1963</b> last saw him alive on <b>Jan 14 1963</b> Death occurred at <b>1:30</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Walter R. Ives</b> (Degree or title) <b>D.O.</b>	
22b. ADDRESS <b>3501 PAIPO</b>		22c. DATE SIGNED <b>Jan 15 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/17/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>	23d. LOCATION (City, town, or county) <b>Holden, Missouri</b>
24. FUNERAL DIRECTOR <b>Canaday and Ropp, Holden, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-16-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *M. L. Conaway*

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.